



REGISTRATION FOR ADULT CONFIRMATION

A copy of the candidate's baptismal certificate must be submitted with this registration form.

Name of Candidate: _____

Confirmation Name Desired: _____

ADDRESS of CANDIDATE:

Street _____ State _____ Zip Code _____

Daytime Phone _____ Yes No
Is this a mobile phone? _____ Email _____

Parish Name _____ City _____

Name of Parish where Baptized _____ City _____ State _____

Are you married? (circle one) Yes No

If yes, Church where Married _____ City _____

Name of Confirmation Sponsor _____ Email of Sponsor _____ Phone of Sponsor _____

**Please return this form along with copies of 1) Baptismal Certificate and 2) First Communion to:
Cathedral of the Blessed Sacrament - 1017 11th Street - Sacramento, CA. 95814**



(FOR ADMINISTRATION ONLY)

Please check boxes below to indicate that the following information has been verified:

- Candidate is baptized Catholic.
- Candidate has been prepared by the parish for reception of the Sacrament.
- Candidate is ready to receive the Sacrament of Confirmation.
- Candidate's marriage is recognized as valid **OR** Candidate is unmarried.

Director/Coordinator: _____

Pastor / Parochial Administrator: _____